

TOBACCO CONTROL

AN INTERNATIONAL JOURNAL

Editorial

Tobacco and aging: a call for papers for the global coordinated theme issues of 1997

In January 1996, 36 biomedical journals in 21 countries cooperated in dedicating theme issues to a single topic: emerging and re-emerging microbial threats. More than 200 articles were published as a result of this collaborative effort.¹ In Autumn of 1996, editors of more than 100 journals participated in a Delphi process to choose a topic for the next global theme issue. The subject of aging was chosen.* Participating journals will publish material on this topic in October 1997.

Tobacco Control, which participated in the Delphi process to choose the topic, will also participate in the global theme issue by focusing on this subject in its Autumn 1997 issue. Therefore we hereby issue a call for papers related to tobacco and aging. To be considered for publication in this special issue, manuscripts must be received by the editor by 1 April 1997. Because of the tight timeframe for processing these papers, authors are urged to ensure that their manuscripts are fully compliant with our Instructions for Authors (published in our Spring 1996 issue, and available from the editor).

Many sociodemographic population groups have been the target of special attention in tobacco research and tobacco control. For example, the US Surgeon General has devoted an entire report to smoking and women,² and a follow-up Surgeon General's report on that subject is now in production. In addition, the Surgeon General has issued a report focusing on smoking and youth,³ and a Surgeon General's report on smoking and minorities is also in production. Other research and writings have focused on smoking among various population groups according to income,⁴ education,⁵ occupation,⁶ geography,⁷ housing,⁸ marital status,¹⁰ and sexual orientation.^{11, 12}

The elderly have not escaped attention. Drs Barbara Rimer, Tracy Orleans, and colleagues have published informative articles,¹³ a book chapter,¹⁴ and a smoking cessation guide¹⁵ on smoking and the elderly. The Surgeon General's 1988 workshop on health promotion and aging included a smoking cessation working group which issued 37 recommendations in the areas of education and training, research, and policy.¹⁶ As a follow up to the 1990 Surgeon General's report on the health benefits of smoking cessation,¹⁷ which concluded that cessation confers benefits to health even when it occurs at older ages, the US Centers for Disease Control and Prevention (CDC) launched a public information campaign around the message that "It's never too late to quit smoking" (see figure).

The Center for Social Gerontology (Ann Arbor, Michigan, USA) has received a grant from the Michigan Department of Community Health to launch an initiative on smoking and the elderly, including publication of a quarterly newsletter on the subject (*Tobacco & the Elderly Notes*).** All in all, though, the work on smoking and the elderly has been sparse.¹⁸

Research and manuscripts might focus on any of a number of subjects, such as:

- trends in tobacco use and smoking cessation among the elderly;
- determinants of tobacco use and smoking cessation among the elderly;
- efficacy of smoking cessation therapies among the elderly;
- effects of tobacco control policies on the elderly;
- smoking policies in facilities that serve the elderly, such as long-term care facilities;
- targeting of the elderly in tobacco advertising and promotion;
- beliefs and attitudes about tobacco use and tobacco control among the elderly;
- health effects of tobacco use and smoking cessation among the elderly;
- effects of tobacco use on the aging process.

I became particularly sensitive to the paucity of research in this area during production of the 1990 Surgeon General's report, when I was director of CDC's Office on Smoking and Health, which produced the report. In the foreword to that report, US Department of Health and Human Services officials recommended that "treatment of nicotine addiction should be considered at least as favorably by third-party payors as treatment of alcoholism and illicit drug addiction".¹⁷ As the report was being reviewed in draft form within the department, the Office raised the question of whether smoking cessation should be a covered benefit under the Medicare programme (which primarily serves those aged 65 years and older). The Health Care Financing Administration, which administers Medicare, resisted that idea, based in part on the scarcity of data showing that smoking cessation treatments are effective among the elderly.

We encourage investigators to explore these areas of research. And we solicit their manuscripts for possible publication in our Autumn 1997 issue, or in later issues. In addition to research papers, contributions on this topic for other sections of the journal (such as commentaries, News Analysis, Ad Watch) are welcome.

*The top 12 nominees were: aging (43 votes); environment and health (36); cancer (27); genetics and molecular medicine (26); medical education (21); cost-effectiveness analysis (16); women's health (15); emerging and re-emerging microbial disease (14); cardiovascular disease (12); medical journal editing, publishing, and reading (11); tobacco (9); and HIV/AIDS (7). (Each journal editor was allowed to cast votes for up to three topics.)

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Quit smoking and improve your circulation.



It doesn't matter how old you are or how long you've been a smoker, as soon as you quit, your circulation will improve. In lots of ways.

The circulation in your hands and feet will get better. You'll reduce your risks of developing circulatory diseases, heart attack and stroke. Best of all, you'll increase your life span significantly. And all those things add up to better circulation among all the people you love to be with.

It's never too late to quit smoking.

From a public information campaign by the US Centers for Disease Control and Prevention targeting the elderly with messages about the benefits of quitting smoking at older ages.